



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
www.mass.gov/masshealth

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Date: \_\_\_\_\_

## ADULT DAY HEALTH ELIGIBILITY

This notice is sent in response to your request for approval of MassHealth payment of adult day health (ADH) services. In order to qualify for MassHealth payment of ADH services, you must be both clinically and financially eligible for services. *This notice is about your clinical eligibility.* You will receive a separate notice about your financial eligibility.

### 1. MassHealth Screenings

Screenings to determine clinical eligibility for ADH services are conducted by \_\_\_\_\_, Aging Services Access Point (ASAP) on behalf of MassHealth. The ASAP nurse reviewed your case in accordance with MassHealth ADH regulations at 130 CMR 404.407, and has determined:

- ☐ you **are** clinically eligible for MassHealth payment of ADH services. Your continued eligibility is subject to review.
- ☐ you **are not** clinically eligible for MassHealth payment of ADH services, because the level of medically necessary services that you require is less than that required for MassHealth payment of ADH services, as set forth in 130 CMR 404.407.

### 2. Appeal Rights

**You have the right to appeal this decision.** (Please see attached information about your right to appeal through the Fair Hearing process.)

#### OFFICIAL USE ONLY

Code: \_\_\_\_\_ RN  
ASAP on behalf of MassHealth

Date: \_\_\_\_\_